

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE ESTATE OF

Proof of Heirship

☐ Informal
☐ Formal

Case No. _____

Under oath, I answer the following questions:

1. What is your name, address and relationship to the decedent?

Name

Address

Relationship

2. Was the decedent survived by a spouse? ☐ Yes ☐ No
If YES, give name:

3a. Did the decedent have any children? ☐ Yes ☐ No
(living or deceased; natural or adopted)
If YES, list all names: (If deceased, indicate date of death.)

Name

3b. For each deceased child in 3a, list his or her name and the names of his or her children (living or deceased; natural or adopted). If any of his or her children are deceased, indicate the date of death of that child and his or her descendants (living or deceased; natural or adopted). ☐ See attached schedules.
Name

4. If there is a surviving spouse, are all of the decedent's children listed in 3a, also the children of the surviving spouse? ☐ Yes ☐ No
If NO, give details:

Instructions:

Are there living persons listed in answers to questions 2 through 4?

- If yes, go to question 8.
- If no, go to question 5.

<p>5. Did the decedent leave surviving parents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If YES, list names:</p> <p style="margin-left: 20px;"><u>Name</u></p>	
<p>6a. Did the decedent have brothers or sisters? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">(living or deceased; whole blood, half blood, adopted)</p> <p style="margin-left: 20px;">If YES, list all names: (If deceased, indicate date of death.)</p> <p style="margin-left: 20px;"><u>Name</u></p>	
<p>6b. For each deceased brother or sister in 6a, list his or her name and the names of his or her children (living or deceased; natural or adopted). If any of his or her children is deceased, indicate the date of death of that child and his or her descendants (living or deceased; natural or adopted). <input type="checkbox"/> See attached schedules.</p> <p style="margin-left: 20px;"><u>Name</u></p>	
<p>7. If there are no living persons listed in questions 2 through 6, list names and trace the relationship of any other persons related to the decedent on the decedent's paternal (father) side and the decedent's maternal (mother) side: <input type="checkbox"/> See attached schedules.</p> <p style="margin-left: 20px;"><u>Name</u> <u>Explain Relationship</u></p>	
<p>8. Did any of the persons named in questions 2 through 7 die within 120 hours after the death of the decedent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If YES, list names:</p> <p style="margin-left: 20px;"><u>Name</u></p>	

Subscribed and sworn to before me

on _____

Signature_____
Formal: Court Official

Informal: Notary Public/Court Official

Name Printed or Typed

My commission expires: _____

Date

Name of Attorney	Telephone Number
Address	